


|   |  |   |
|---|--|---|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10541374 | <b>Applicant(s)/Patent Under Reexamination</b><br>HOSOTANI ET AL. |
|   | <b>Examiner</b><br>Gary L Laxton           | <b>Art Unit</b><br>2838   |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|---|---|---|---|----------------------|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |   |   |   |   |                      |  |
| 323                       |  | 267      |  |  |  | G                            | 0 | 5 | F | 1 / 577 (2006.01.01) |             |  |  |  | H | 0 | 2 | M | 3 / 335 (2006.01.01) |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
| 323                       | 271                                      |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
| 363                       | 21.03                                    | 21.12    |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| -   | 1        | 7     | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 2        | 8     | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 3        | 9     | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 4        | 10    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|   |  |                                    |                         |
|---|--|------------------------------------|-------------------------|
| NONE  |  | <b>Total Claims Allowed:</b><br>10 |                         |
| (Assistant Examiner)                              |  | (Date)                             |                         |
| /Gary L Laxton/<br>Primary Examiner Art Unit 2838 |  | 8/15/2010                          |                         |
| (Primary Examiner)                                |  | (Date)                             |                         |
|   |  | O.G. Print Claim(s)<br>1           | O.G. Print Figure<br>1A |